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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **240496** **(0)**

1. Corporation Name
TRAWICK CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
JAMES L TRAWICK P O BOX 280, 1006 S. BLVD. WEST CHIPLEY FL 32428	JAMES L TRAWICK P O BOX 280, 1006 S. BLVD. WEST CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1960	3a. Date of Last Report: 02/08/1994		
2. Principal Place of Business 21	2a. Mailing Address 26: PO BOX 280 (only)	4. FEI Number: 59-0907078	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRAWICK, JAMES L., JR. 1006 S BLVD W CHIPLEY FL 32428	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE		☐ Change ☐ Addition
NAME	TRAWICK, BONNIE R.	1.2 NAME		
STREET ADDRESS	1006 S BLVD W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	TRAWICK, JAMES L.	2.2 NAME		
STREET ADDRESS	1006 S. BLVD. W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	TRAWICK, EDWIN C.	3.2 NAME		
STREET ADDRESS	SINCLAIR ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP		
TITLE	VPS	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TRAWICK, KENNETH W.	4.2 NAME		
STREET ADDRESS	RT. 5, BOX 391	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP		
TITLE	VPS	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TRAWICK, P. CARLOS	5.2 NAME		
STREET ADDRESS	RT. 5, BOX 355	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	TRAWICK, EMMA O.	6.2 NAME		
STREET ADDRESS	1006 S. BLVD W.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L Trawick Jr. 1/20/95 904 638 0429
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Daytime Phone #

James L. Trawick, Jr.

0410484 FP